VOLUNTEER APPLICATION

Interested in:

☐ Community-Based Program
☐ After-school Program

Date: ___ / ___ / ___

Big Brothers Big Sisters of Santa Cruz County
1500 41st Avenue, Suite 250
Capitola, CA 95010

Phone: (831) 464-8691
Fax: (831) 464-8693
www.santacruzmentor.org

CONTACT INFORMATION

Last Name

First Name

Date of Birth

Gender

Home Address

City/State/Zip

Home Phone

Cell Phone

E-mail Address

Languages Spoken

Race Ethnicity

Do you have access to a car?

Auto Insurance Company
MARITAL STATUS:  (circle one)

Do you currently have or are you expecting children? ______________________

Names and ages of children: ____________________________________________

With whom do you live? ________________________________________________

How long have you lived at your current address? _____ Do you rent or own? ______

Do you plan to move? ______ If so, when & where? ________________________

Please list residences in past 5 years:
Address          City/State          Dates
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Place of employment: ________________________________________________

Occupation _____________________________________________

Do you plan career change? ______ If so, when & where? _____________________

Please list employers and occupation in the past 5 years:
Employer          Occupation          Dates
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Revised 12/2013
REFERENCES

Please type or print information requested for four references, including your current or past employer and spouse, partner or roommates if applicable.

____________________________________
Name of Employer

____________________________________
Address

____________________________________
Phone Number    E-mail Address

____________________________________
Name of Roommate/Friend

____________________________________
Address

____________________________________
Phone Number    E-mail Address

____________________________________
Name of Roommate/Friend

____________________________________
Address

____________________________________
Phone Number    E-mail Address

____________________________________
Name of Co-worker or Friend

____________________________________
Address

____________________________________
Phone Number    E-mail Address
Have you been (or applied to be) a Big Brother or Big Sister?  Yes ___ No ___
If Yes, where: ________________________________________________________________

Have you volunteered with any other youth organizations? And if so, who with?
____________________________________________________________________________

Please list present membership in organizations or clubs:
____________________________________________________________________________

Please list volunteer experiences (especially with children):
____________________________________________________________________________
____________________________________________________________________________

Please list three things you like about yourself:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please list three things you would like to change about yourself:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What appeals to you about being a Big Brother or Big Sister?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What apprehensions or hesitation do you have concerning the commitment?
____________________________________________________________________________
Agreement to Protect the Provisions/Agreements of the Match

I understand that:
1. The references I have listed may be contacted by telephone, email or post.
2. I am in no way obligated to perform any volunteer services.
3. The information I provide may be used to conduct a background check including, but not limited to, a DMV record check, fingerprint clearance, proof of car insurance, screening of social networking sites and other records where required by local, state or federal law for volunteers working with youth.
4. As part of this enrollment process, I will provide additional personal information prior to being matched with a youth.
5. The BBBS agency is not required to match me with a youth nor disclose to me the reasons that I have not been matched and my application will be closed if not matched within one year of acceptance.
6. I agree to keep any information learned during the match confidential, unless it pertains to the safety of the youth and needs to be reported to Big Brothers Big Sisters.
7. I understand that a volunteer with Big Brothers Big Sisters is required to report suspected abuse or neglect of their Little to the local agency promptly.

Volunteer’s Signature ___________________________ Date __________

Agreement to Protect the Confidentiality of the Match

I ______________________________ agree to keep personal information discussed with me regarding a potential Little Brother or Little Sister match confidential. I will not discuss the information with any persons other than the assigned professional staff of the Big Brothers Big Sisters Agency.

Volunteer’s Signature ___________________________ Date __________

Consent To Use Identifying Information In Agency Promotional Materials

I ______________________________ hereby give my permission for Big Brothers Big Sisters of Santa Cruz County to use my name/story and/or pictures in the agency promotional materials and in all media forms. I understand that no personal history information regarding or identifying me will be used by the agency indicated above unless verbal consent is proved.

Volunteer’s Signature ___________________________ Date __________

Revised 12/2013
Release of Confidential Information

I, _________________________________________, born on _____________________________.
Name

Print

Date of Birth

In____________________________________________________________________
City

State

Country
do hereby authorize Big Brothers Big Sisters of Santa Cruz County to check with any city,
state or federal law enforcement agency to give any criminal records they may have recorded
against me.

I hereby further authorize any law enforcement agency to give information they have
regarding my police record to the above requester and release the law enforcement agency
from any liabilities whatsoever which might occur as a result of the release of these records
pursuant to this authorization.

Volunteer’s Signature

Date

Volunteer Responsibilities for Program Participation

I understand that as a Big Brother / Big Sister I have responsibilities to my Little
Brother or Little Sister, which are:

1. I will see my Little Brother/Little Sister on an average of 2 to 6 hours 2 to 4 times a
month for the first year of my match.
2. At all times, the safety of my Little will be my first priority. I will not engage in activities
that pose a risk for injury, will not consume alcohol, or smoke while on an outing, and will
not use illegal substances while serving as a mentor.
3. I may learn personal information about my Little Sister / Little Brother and family
members which I will keep confidential. I agree to report any concern that my Little is
experiencing child abuse or neglect to my Big Brothers Big Sisters case manager.
4. I will plan activities that are free or low cost, and will inform the parent of planned
activities.
5. If a problem arises in my match relationship or if my place of employment, residence, or
telephone number changes, I will notify Big Brothers Big Sisters immediately.
6. I will not include other people on the majority of our outings.
7. I will maintain monthly contact with my Big Brothers Big Sisters case manager to discuss
how the match relationship is developing.
8. Overnight activities are not allowed within the first year of a match and after that only in
specific circumstances and with agency and parent/guardian approval.

Volunteer’s Signature

Date

Revised 12/2013
Activity Checklist

Name: _____________________________________         Date: _____________________

Place a check in the column next to the activities that you enjoy.

<table>
<thead>
<tr>
<th>Sports</th>
<th>Games</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rollerblading</td>
<td>Chess</td>
<td>Animals</td>
</tr>
<tr>
<td>Skating</td>
<td>Checkers</td>
<td>Cooking</td>
</tr>
<tr>
<td>Bicycling</td>
<td>Board Games</td>
<td>Baking</td>
</tr>
<tr>
<td>Swimming</td>
<td>Cards</td>
<td>Museums</td>
</tr>
<tr>
<td>Skateboarding</td>
<td>Video Games</td>
<td>Aquarium</td>
</tr>
<tr>
<td>Fishing</td>
<td>Miniature golf</td>
<td>Picnics</td>
</tr>
<tr>
<td>Football</td>
<td>Tennis</td>
<td>Gardening</td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td>Camping</td>
</tr>
<tr>
<td>Baseball</td>
<td></td>
<td>Music</td>
</tr>
<tr>
<td>Soccer</td>
<td><strong>Crafts</strong></td>
<td>Dancing</td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
<td>Singing</td>
</tr>
<tr>
<td>Bowling</td>
<td>Sewing</td>
<td>Photography</td>
</tr>
<tr>
<td>Golf</td>
<td>Drawing</td>
<td>Puzzles</td>
</tr>
<tr>
<td>Ping-Pong</td>
<td>Painting</td>
<td>Models</td>
</tr>
<tr>
<td>Pool</td>
<td>Woodwork</td>
<td>Movies</td>
</tr>
<tr>
<td>Surfing</td>
<td>Ceramics</td>
<td>Computers</td>
</tr>
<tr>
<td>Martial Arts</td>
<td>Knit/crochet</td>
<td>Boating</td>
</tr>
<tr>
<td>Gymnastics</td>
<td></td>
<td>Reading</td>
</tr>
<tr>
<td>Snow sports</td>
<td></td>
<td>Beach</td>
</tr>
<tr>
<td>Frisbee</td>
<td></td>
<td>Play Instrument</td>
</tr>
<tr>
<td>Boogie boarding</td>
<td></td>
<td>Horseback riding</td>
</tr>
<tr>
<td>Scuba/snorkel</td>
<td></td>
<td>Concerts</td>
</tr>
<tr>
<td>Sports events</td>
<td></td>
<td>Writing</td>
</tr>
<tr>
<td>Other Interests:</td>
<td></td>
<td>Running</td>
</tr>
<tr>
<td>Pets:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 12/2013